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09/539,499

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Response
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I
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:
Abrol, et al.

For: METHOD AND APPARATUS FOR A
MOBILE STATION APPLICATION TO
RECEIVE AND TRANSMIT RAW
PACKETIZED DATA

Serial No.: 09/539,499

Filed: March

Group Art Unit: 2686

AMENDMENT UNDER 37 CFR 1.111

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22331-1450

Dear Commissioner:

In response to the Office Action mailed October 29, 2003, in the above-captioned matter,
please amend the application as indicated below.

I hereby certify that this correspondence is being
sent via facsimile to the Commissioner of Patents
and Trademarks, Alexandria, VA 22313, on:

January 29, 2004

(Date of Deposit)

Victoria J. Pacey

(Name of Person Making Deposit)

(Signature)



5775 Morehouse Drive,
San Diego, California 92121-2779
(858) 587-1121 Fax: (858) 658-2502

Facsimile Transmittal

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DATE: January 29, 2004

TO: Examiner Alpus Hsu, USPTO
Group Art Unit 2665

FAX: 703-~~308-6602~~ 872-9306

FROM: Donald C. Kordich

PHONE: (858) 658-5928

FAX (858) 845-8502

Number of Pages including this cover sheet: 5

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AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 990609
In Re Application of: Abrol, et al.
Serial Number: 09/539,499
Filed: March 30, 2000
Examiner: Alpus Hsu
Group Art Unit: 2665

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	27	27	0	x \$18 =	\$0	
Independent**	6	6	0	x \$86 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$290	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$
				<input type="checkbox"/> Two Months	\$420	\$
				<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$110	\$	
				TOTAL FEE	\$0	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 29, 2004

Signature: Donald C. Kordich, Reg. No. 38,213
Phone No. (858) 658-5928QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: _____

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Victoria J. Pacey

(type or print name)

Signature: 

(TRANSMITTED VER 1.13-07/30/03)